



BOB DUTTON
ASSESSOR-RECORDER-COUNTY CLERK
COUNTY OF SAN BERNARDINO
ASSESSOR'S OFFICE
172 West Third Street
San Bernardino, CA 92415-0310
www.sbcounty.gov/assessor
(909) 387-8307 – 1-877-885-7654

DAMAGED PROPERTY REASSESSMENT APPLICATION

Parcel No. _____ Date _____

Damage must have occurred due to misfortune or calamity and amount to at least \$10,000. This application must be filed within 12 months of the damage, or 60 days after notification by the Assessor, whichever is earlier, but in no case more than 12 months after the date of damage or misfortune.

Name _____ Contact Telephone No. () _____

Email Address (optional) _____

Mailing Address _____

Street City State Zip

Property Address _____

Date of Damage _____ Cause of Damage _____

Your estimate of market value before damage \$ _____

TYPE OF DAMAGED PROPERTY

- ____ Real Property
____ Business Personal Prop.
____ Boat or Aircraft
____ Manufactured Housing
(Mobilehome)

Your estimate of market value after damage \$ _____

Describe the property damage _____

I declare under penalty of perjury that the damage occurred through no fault of my own and the above information is correct to the best of my knowledge and belief.

Signature _____ Date _____

ASSESSOR'S USE ONLY

	MARKET VALUE		VALUE REDUCTION % Good After/Before	20____ Roll Reads	Roll Should Read
	BEFORE	AFTER			
LAND					
IMPROVEMENTS PERSONAL PROP.					
MONTHS IN FISCAL YEAR			HOX		
REGULAR _____ REDUCED _____			Other Exemption		
			Net		

APPRAISER'S SIGNATURE _____

DATE _____

DISTRICT SUPERVISOR'S SIGNATURE _____

DATE _____